

147-4



MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

# COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

## ANNUAL FINANCIAL REPORT FOR 20 03 (California Government Code Section 12599)

Failure to file annual financial report by January 30<sup>th</sup> annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

An annual financial report must be filed for each event  
for each charity solicited for during the previous calendar year.

<b>Name and Address of Commercial Fundraiser:</b>  147  GORDON & SCHWENKMEYER, INC. 300 N SEPULVEDA BLVD. #2050 EL SEGUNDO, CA 90245	<b>Name and Address of Charitable Organization:</b>  CT No. <u>24509</u> F.E.I.N. No. <u>5101310521</u>  CALIFORNIA NOW Name of charity <u>926 J STREET SUITE #820</u> Address of charity <u>SACRAMENTO, CA 95814</u> City, State, and ZIP code of charity
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Figures from (check one): National Campaign ☐ California Campaign ☒

TELEMARKETING/FUNDRAISING held (on) (from) JANUARY 1, 20 03, to DECEMBER 31, 20 03  
(Type of activity) (Date or dates must be shown)

Is the contract between the commercial fundraiser and charity based upon a fee or percentage of revenue? Fee ☒ Percentage ☐ Other ☐  
If other, provide brief explanation \_\_\_\_\_

1. REVENUE	
A. Cash contributions	<u>\$1,454,972.40</u> A.
B. Entertainment sales or admission charges	_____ B.
C. Sales from products	_____ C.
D. Advertisement sales	_____ D.
E. Membership fees	_____ E.
F. Other sources: (Specify)	
a. _____	_____ Fa.
b. _____	_____ Fb.
c. _____	_____ Fc.
d. _____	_____ Fd.
G. TOTAL REVENUE	<u>\$1,454,972.40</u> G.
2. EXPENSES	
A. Fees or commissions <u>PFR FEES</u>	<u>\$ 949,986.37</u> A.
B. Salaries	_____ B.
C. Payroll taxes	_____ C.
D. Employee benefits	_____ D.
E. Cost of merchandise for resale	_____ E.
F. Cost of entertainment	_____ F.
G. Postage	_____ G.
H. Advertising	_____ H.
I. Telephone	_____ I.
J. Rental of equipment	_____ J.
K. Facilities charge	_____ K.
L. Permits	_____ L.
M. Other expenses: (Specify)	
a. <u>BANK CHARGES</u>	<u>\$ 5,369.30</u> Ma.
b. _____	_____ Mb.
c. _____	_____ Mc.
d. _____	_____ Md.
N. TOTAL EXPENSES	<u>\$955,355.67</u> N.

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3. Amount to charity (subtract line 2N from line 1G) \$499,616.73 3.

4. Less additional fundraising expenses paid by charity including fee paid to commercial fundraiser (to be completed by charity) 0.00 4.

5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 0.00 5.

6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) \$499,616.73 6.

7. (a) Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit?

☐ Yes ☒ No If "yes" complete the following:

Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization
N/A		

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

KRISTEN L SCHWENKMEYER SEC/TREASURER 8/23/04

Signature of authorized officer (commercial fundraiser) Printed name Title Date

This report must be signed by two officers or directors of the charitable organization for verification.

HELEN GRIECO EXECUTIVE DIRECTOR

Signature of authorized officer/director (charity) Printed name Title Date

MEGAN SEELY PRESIDENT

Signature of authorized officer/director (charity) Printed name Title Date

9/16/04